

09-22-03

Express Mail Mailing Label No. EV289510970US

TRANSMITTAL FORM

	Application Serial Number	09/701,854
	Filing Date	February 15, 2001
	First Named Inventor	Gottschalk
	Group Art Unit	1746
	Examiner Name	Markoff, Alexander
	Attorney Docket No.	ASX-056
	Patent No.	Not applicable
	Issue Date	Not applicable

ENCLOSURES (check all that apply)

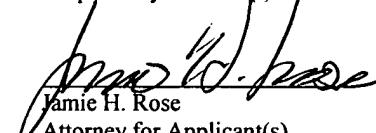
<input checked="" type="checkbox"/> Fee Transmittal Form <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Check Attached <input type="checkbox"/> Copy of Fee Transmittal Form 	<input type="checkbox"/> Copy of Notice to File Missing Parts of Application	<input checked="" type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences
<input type="checkbox"/> Amendment/Response <ul style="list-style-type: none"> <input type="checkbox"/> Preliminary <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets _____] 	<input type="checkbox"/> Formal Drawing(s)	<input type="checkbox"/> Appeal Brief (in triplicate)
	<input type="checkbox"/> Request For Continued Examination (RCE) Transmittal	<input type="checkbox"/> Status Inquiry
	<input type="checkbox"/> Power of Attorney (Revocation of Prior Powers)	<input checked="" type="checkbox"/> Return Receipt Postcard
	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Certificate of First Class Mailing under 37 C.F.R. 1.8
	<input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application	<input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8
	<input type="checkbox"/> Small Entity Statement	<input type="checkbox"/> Additional Enclosure(s) (please identify below)
	<input type="checkbox"/> CD(s) for large table or computer program	
	<input type="checkbox"/> Amendment After Allowance	
	<input type="checkbox"/> Request for Certificate of Correction <ul style="list-style-type: none"> <input type="checkbox"/> Certificate of Correction (in duplicate) 	

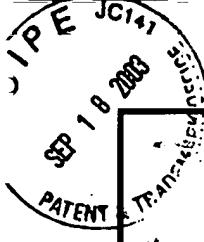
CORRESPONDENCE ADDRESS

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SIGNATURE BLOCK

Respectfully submitted,


 Jamie H. Rose
 Attorney for Applicant(s)
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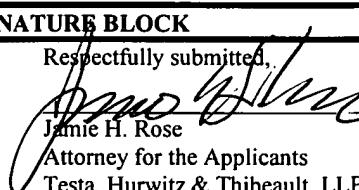


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FEE TRANSMITTAL FY 2003

FEE TRANSMITTAL FY 2003		<i>Complete if Known</i> Application Serial Number 09/701,854 Filing Date February 15, 2001 First Named Inventor Gottschalk Group Art Unit 1746 Examiner Name Markoff, Alexander Attorney Docket No. ASX-056	
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RECEIVED
TC 1-100
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METHOD OF PAYMENT		FEE CALCULATION (continued)	
1. <input checked="" type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other		3. ADDITIONAL FEES	
2. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No. 20-0531. <input type="checkbox"/> Required Fees (copy of this sheet enclosed). <input checked="" type="checkbox"/> Additional fee required under 37 CFR 1.16 and 1.17. <input checked="" type="checkbox"/> Overpayment Credit.		Large Entity Fee (\$)	Small Entity Fee (\$)
3. <input type="checkbox"/> Applicant claims small entity status.			
FEE CALCULATION			
1. FILING FEE			
Large Entity Fee (\$)		Fee Description Fee Paid	
750 Utility filing fee 330 Design filing fee 160 Provisional filing fee			
		Number Filed Number Extra Rate Amount	
Total Claims - 20 = x \$ 18.00 =			
Independent Claims - 3 = x \$ 84.00 =			
<input type="checkbox"/> Multiple Dependent Claim(s), if any		\$280.00 = TOTAL: 0.00	
SMALL ENTITY DISCOUNT:		SUBTOTAL (1) (\$) 0.00	
2. AMENDMENT CLAIM FEES			
Claims Remaining After Amend.		Highest No. Previously Paid For	
Total - = x \$ 18.00 =		Present Extra	
Indep. - = x \$ 84.00 =			
<input type="checkbox"/> First Presentation of Multiple Dep. Claim		+ \$280.00 =	
TOTAL: (\$) 0.00		SUBTOTAL (3) (\$) 320.00	
SMALL ENTITY DISCOUNT:		SUBTOTAL (1) (\$) 0.00	
SUBTOTAL (2) (\$) 0.00		SUBTOTAL (2) (\$) 0.00	
SUBTOTAL (2) (\$) 0.00		SUBTOTAL (3) (\$) 320.00	
CORRESPONDENCE ADDRESS		SIGNATURE BLOCK	
Direct all correspondence to: Patent Administrator Testa, Hurwitz & Thibeault, LLP High Street Tower-125 High Street Boston, MA 02110 Tel. No.: (617) 248-7000 Fax No.: (617) 248-7100		Respectfully submitted,  Jamie H. Rose Attorney for the Applicants Testa, Hurwitz & Thibeault, LLP High Street Tower-125 High Street Boston, MA 02110	